

20 New Commercial Animal Waste Technician Company License Application

The data on this form will be used to process your application. You must provide your Minnesota Tax ID number. If you do not have one, you must provide your social security number (MS Sec 270C.72). We are required by law to collect this information and we cannot grant your license without it. No one will have access to your social security number except those permitted access by law, your written consent, court order, or those department employees whose job duties require access. Pursuant to MS Sec 297A.66 if your company maintains within the state an office or place of distribution or sales person or other employee that solicits, sells or delivers goods or services in the state you must have a Minnesota Tax ID number. If you are unsure if you need a Minnesota Tax ID, contact the Minnesota Department of Revenue at www.taxes.state.mn.us.

Does your company maintain within the state an office or place of distribution or sales person or other employee that solicits, sells or delivers goods or services in the state? Yes or No. If yes, enter the MN Tax ID number in the space provided below.

COMPANY INFORMATION <i>(Please print)</i>																
Legal Name:			MN Tax ID or if none, Social Security #:													
DBA <i>(If different)</i> :			Company Mailing Address <i>(If different)</i> :													
Company Address <i>(No PO Box)</i> :																
City:	State:	Zip:	City:	State:	Zip:											
County:			Company Telephone #:													
SITE MANAGER <i>(A Commercial Animal Waste Technician Company License requires that you employ at least one Site Manager)</i>																
Site Manager Name:				Site Manager License #:												
WORKERS' COMPENSATION																
Do you have any paid or otherwise compensated employees in Minnesota? Yes No If yes, complete the following information:																
Insurance Company Name:			Effective Date:													
Policy #:			Expiration Date:													
You must provide acceptable evidence of compliance with the Workers' Compensation Insurance Law <i>(MS Sec 176.182)</i> . If you are self-insured, attach a copy of the exemption order from the Commissioner of Commerce authorizing self-insurance. For questions, contact the Minnesota Department of Labor and Industry at www.doli.state.mn.us .																
FINANCIAL RESPONSIBILITY <i>(Check all that apply)</i>																
Proof of Financial Responsibility is required by the MN Fertilizer, Soil, and Plant Amendment Law <i>(Minn. Stat. Ch. 18C)</i> .																
Liability Insurance		Net Asset Statement		Performance or Surety Bond												
APPLICATION FEES																
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px; width: 45%;"> Return this form with your check made payable to: MINNESOTA DEPARTMENT OF AGRICULTURE ATTN: Cashier 625 Robert Street North Saint Paul, MN 55155-2538 Licenses are <u>NOT</u> transferable and fees are <u>NOT</u> refundable </td> <td style="padding: 5px; width: 55%;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Application Fee</td> <td style="padding: 5px; text-align: right;">\$100.00</td> <td style="padding: 5px;">328010-600301(3103)</td> </tr> <tr> <td style="padding: 5px;">MDA Processing Surcharge</td> <td style="padding: 5px; text-align: right;">\$5.00</td> <td style="padding: 5px;">553068(3360)</td> </tr> <tr> <td style="padding: 5px;">TOTAL DUE</td> <td style="padding: 5px; text-align: right;">\$105.00</td> <td></td> </tr> </table> </td> </tr> </table>						Return this form with your check made payable to: MINNESOTA DEPARTMENT OF AGRICULTURE ATTN: Cashier 625 Robert Street North Saint Paul, MN 55155-2538 Licenses are <u>NOT</u> transferable and fees are <u>NOT</u> refundable	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Application Fee</td> <td style="padding: 5px; text-align: right;">\$100.00</td> <td style="padding: 5px;">328010-600301(3103)</td> </tr> <tr> <td style="padding: 5px;">MDA Processing Surcharge</td> <td style="padding: 5px; text-align: right;">\$5.00</td> <td style="padding: 5px;">553068(3360)</td> </tr> <tr> <td style="padding: 5px;">TOTAL DUE</td> <td style="padding: 5px; text-align: right;">\$105.00</td> <td></td> </tr> </table>	Application Fee	\$100.00	328010-600301(3103)	MDA Processing Surcharge	\$5.00	553068(3360)	TOTAL DUE	\$105.00	
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I hereby certify that the information contained in and submitted with this form is true and correct.																
Signature:			Date:		FOR OFFICE USE ONLY											
Name (Please print):																
Title:																
Telephone #:		Fax #:														
Email:			Date Processed:													